DECLARATION (37 CFR 1.63) FOR UTILITY OR DESIGN APPLICATION USING AN APPLICATION DATA SHEET (37 CFR 1.76)

Title of Invention	FOLD FLAT VEHICLE SEAT COINCIDENT	WITH REARWARD TRAVEL			
As the below named	As the below named inventor(s), I/we declare that:				
This declaration is di	rected to:				
	The attached application, or				
	Application No.	, filed on,			
	as amended on	(if applicable);			
I/we believe that I/we which a patent is so	e am/are the original and first inventor(s) of ught;	the subject matter which is claimed and for			
	and understand the contents of the above- nendment specifically referred to above;	dentified application, including the claims, as			
to me/us to be mapplications, materia	I/we acknowledge the duty to disclose to the United States Patent and Trademark Office all information known to me/us to be material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT International filing date of the continuation-in-part application.				
All statements made herein of my/our own knowledge are true, all statements made herein on information and belief are believed to be true, and further that these statements were made with the knowledge that willful false statements and the like are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001, and may jeopardize the validity of the application or any patent issuing thereon.					
FULL NAME OF INVENTOR(S)					
Inventor one: Day	vid M. Blair				
6:					
Signature:	Citizen	of: US			
Inventor two: Tho	omas J. Cooley				
Signature:	Citizer	of: US			
Inventor three: Dan					
Signature:	Citizer	of: Romania			
Inventor four: Wo	jciech Smuk				
Signature:	Citizer	of: Poland			
Additional inventors of	or a legal representative are being named	additional form(s) attached hereto.			

POWER OF ATTORNEY and CORRESPONDENCE ADDRESS INDICATION FORM

Application Number	n/a	
Filing Date	n/a	
First Named Inventor	David M. Blair	
Art Unit	n/a	
Examiner Name	n/a	
Attorney Docket Number	93144pus	

I hereby appo	pint:			
Practition OR	ners at Customer Number	006431		
, , , , , , , , , , , , , , , , , , ,	ner(s) named below:			
	Name		Registration	Number
	ney(s) or agent(s) to prosecut			to transact all
business in the	United States Patent and Tra	demark Office con	nected therewith.	
	e or change the corresponder		above-identified ap	plication to:
The above-	mentioned Customer Number	7.	•	
	s associated with Customer N	lumbor:		\neg
OR	s associated with Customer N	lumber.		
On				
Firm <i>or</i> Individual Nam	ne			
Address		· · · · · · · · · · · · · · · · · · ·		
Address				
City		St	ate	Zip
Country				
Telephone		Fa	ux	
I am the:				-1
Applicant/li				
Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).				
SIGNATURE of Applicant or Assignee of Record				
Name	David M. Blair			
Signature				
Date		Te	lephone	
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple				
★Total of	forms are submitted.			

POWER OF ATTORNEY and CORRESPONDENCE ADDRESS INDICATION FORM

Application Number	n/a	
Filing Date	n/a	
First Named Inventor	David M. Blair	
Art Unit	n/a	
Examiner Name	n/a	
Attorney Docket Number	93144pus	

I hereby appoint:				
Practitioners at OR Practitioner(s) n	Customer Number 006431			
	Name	Registration Number		
	Namo	Troglottation Planted		
as my/our attornov(s)	or agent(s) to prosecute the application ic	dentified above, and to transact all		
	d States Patent and Trademark Office con			
Please recognize or ch	nange the correspondence address for the	above-identified application to:		
	oned Customer Number.	above racritinea application to.		
OR				
The address asso	ociated with Customer Number:			
OR				
Firm <i>or</i> Individual Name				
Address				
Address				
City		State Zip		
Country				
Telephone	l lF	ax		
I am the:				
Applicant/Inventor.				
Assignee of record of the entire interest. See 37 CFR 3.71.				
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).				
	SIGNATURE of Applicant or Assi	gnee of Record		
Name Thom	as J. Cooley			
Signature				
Date		elephone		
NOTE: Signatures of all the inv	ventors or assignees of record of the entire interest	or their representative(s) are required. Submit		
▼Total of 4	forms are submitted.			

POWER OF ATTORNEY and CORRESPONDENCE ADDRESS INDICATION FORM

Application Number	n/a	
Filing Date	n/a	
First Named Inventor	David M. Blair	
Art Unit	n/a	
Examiner Name	n/a ·	
Attorney Docket Number	93144pus	

I hereby appo	oint:				
Practitio	oners at Customer Number	006431			
——————————————————————————————————————	ner(s) named below:				
	Name		Registration	Number	
-					
as my/our attor	rney(s) or agent(s) to prosecute	e the application id	entified above, and t	to transact all	
business in the	United States Patent and Trace	demark Office con	nected therewith.		
	ze or change the corresponden		above-identified app	plication to:	
The above OR	-mentioned Customer Number	•			
	ss associated with Customer N	lumbor		٦	
OR	33 d330clated with odstoller iv	lumber.		J	
Firm or					
Individual Nar	me				
Address					
Address City		l e	ate	7:-	
Country		51	ate	Zip	
Telephone		Fa	x		
I am the:					
Applicant/l	Inventor.				
Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).					
SIGNATURE of Applicant or Assignee of Record					
Name	Dan Dumitru Nae				
Signature					
Date NOTE: Signatures of a	all the inventors or conignous of		lephone		
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple					
▼Total of	*Total of4 forms are submitted.				

POWER OF ATTORNEY and CORRESPONDENCE ADDRESS INDICATION FORM

Application Number	n/a
Filing Date	n/a
First Named Inventor	David M. Blair
Art Unit	n/a
Examiner Name	n/a
Attorney Docket Number	93144pus

I	hereby ap	point:						
[2	OR		Customer Number amed below:	00643	31			
<u></u>	J Hacilli							
	<u> </u>		Name			Registration	Numb	er

			or agent(s) to prosecut States Patent and Tra				to tran	sact all
Plea OR	The abov		ange the corresponder ned Customer Number		he ab	ove-identified ap	plicatio	on to:
	The addr	200 2000	ciated with Customer N	Jumber:				
		ess assoc	hated with Oustomer r	varriber.				
OR								
	Firm <i>or</i> Individual N	ame						
Addre	ess							
Addre	ess							
City		*			State		Zip	
Coun	itry	,				_L		
Telep	phone			_	Fax			
I c	om that		<u> </u>				*	
_	l am the: Applicant/Inventor.							
	Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).							
SIGNATURE of Applicant or Assignee of Record								
Nam	е	Wojcie	ch Smuk					
Signa	ature							
Date					Teleph	none		
	NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit							
multiple								
Δ.	Total of	4	forms are submitted.					